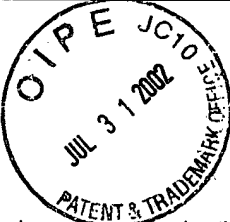
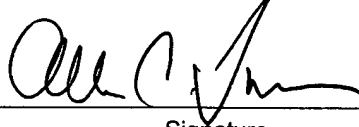


8-02-02

T.D #6

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket Number (Optional)</b> 2183-5222US											
<div></div> <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$ <u>1440.00</u></td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$ _____</td></tr></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>720.00</u>.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1469</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a): _____</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div><div>July 31, 2002</div><div>Date</div></div> <div><div></div><div>Signature</div></div> <div><div>Allen C. Turner Reg. No. 33,041</div><div>Typed or printed name</div></div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input checked="" type="checkbox"/> *Total of 2 forms are submitted.</p> <p align="center"><b>CERTIFICATE OF MAILING</b></p> <p>Express Mail Label Number: <u>EV092482045US</u></p> <p>Date of Deposit: <u>July 31, 2002</u></p> <p>Person Making Deposit: <u>Jon Wentz</u></p>				<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	<input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ <u>1440.00</u>	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
				<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____								
				<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____								
				<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____								
<input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ <u>1440.00</u>												
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____												
In re Application of Khan et al.		Filed December 21, 2001											
For OLIGOPEPTIDE TREATMENT OF ANTHRAX.													
Group Art Unit 1651	Examiner To be assigned												

UP  
Bo Segur